







**For Youth Development
For Healthy Living
For Social Responsibility**

Youth Sports Registration Form

___ Volleyball  Circle Age and Shirt Size Age 8-9 Age 10-12 Age 13-14 Age 15-17 Shirt Size: YS, YM, YL, AS, AM, AL, AXL	___ Soccer  Circle Age and Shirt Size Age 3-4 Age 5-7 Age 8-9 Age 10-14 Shirt Size: YS, YM, YL, AS, AM, AL, AXL	___ Boys 3 on 3 ___ Girls 3 on 3  Circle Age and Shirt Size Age 8-9 Age 10-12 Age 13-14 Age 15-18 Shirt Size: YS, YM, YL, AS, AM, AL, AXL	___ Boys Basketball ___ Girls Basketball  Circle Age and Shirt Size Age 3-4 Age 5-7 Age 8-9 Age 10-12 Age 13-14 Age 15-18 Shirt Size: YS, YM, YL, AS, AM, AL, AXL
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Participants Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Grade of Participant _____

Name of Parent/Guardian _____

Telephone Number _____ Email Address _____

Emergency Contact _____ Telephone Number _____

Name of Primary Health Insurance _____ Policy # _____

Does your child take medication for Asthma? ____ Yes ____ No

Does your child take any medication the YMCA or coach should be aware of? ____ Yes ____ No

Are there any medical conditions or allergies we should be aware of? ____ Yes ____ No

If yes, please specify _____

My child, as named above, has permission to participate in the designated sports league on this application. I hereby release the Unicoi County Family YMCA, it's representatives, employees, members, associates, coaches, sponsors, officers and directors from any liability for injuries occurred while participating in this activity. My child has had a medical physical in the past year by a medical doctor and has no known physical problems or conditions that would prohibit his/her participation. In the event of my absence and an injury occurs, I do hereby authorize the above-mentioned organization, or it's representatives, to act as my agent to obtain medical treatment for my child. I grant the Unicoi County Family YMCA, it's representatives and employees the right to take videos or photographs of me, my child and my property, in connection with the above event. I authorize Unicoi County Family YMCA, it's assigns and transferees to copyright, use and publish the same in any media, including, but not limited to, print and/or electronically. I agree that Unicoi County Family YMCA may use such photographs with or without names for any lawful purposes, including, but not limited to, publicity, illustrations, advertising and web content.

Parent/Guardian Signature _____ Date _____